

Correspondence

Kinetic Treatment Tables

TO THE EDITOR: The article by Demarest and colleagues in the January 1989 issue¹ provides a useful basis for the application of the Kinetic Treatment Table (KTT). We advise caution, however, in the application of KTT for patients who are critically dependent on a mechanical ventilator. Our experience is that the 120 degrees' rotation of the KTT bed produces a constant torquing force on ventilator tubing that can lead to frequent disconnections at the endotracheal tube or tracheostomy connector. We tried a variety of tube fixation methods but were unable to prevent this problem. We have, therefore, excluded quadriplegics and other critically ventilator-dependent patients from KTT, which is unfortunate because they are patients who might benefit from this treatment modality.

M. MICHAEL SHABOT, MD
Associate Director of Surgery
Director, Surgical Intensive Care Units
MARK WITTMAN, MD
Assistant Director of Surgery
for Critical Care
Cedars-Sinai Medical Center
PO Box 48750
Los Angeles, CA 90048-0750

REFERENCE

1. Demarest GB, Schmidt-Nowara WW, Vance LW, et al: Use of the kinetic treatment table to prevent the pulmonary complications of multiple trauma. *West J Med* 1989; 150:35-38

Pet Ferrets—A Hazard to Public Health and Wildlife

TO THE EDITOR: European ferrets—relatives of the polecat—are cute and playful, and they are becoming increasingly popular as pets. Indeed, they have been dubbed the "pop pet" of the 1980s. Their growing popularity, however, is viewed with alarm by numerous public health entities and animal care organizations. Among the organizations opposing the keeping of ferrets as pets are the Humane Society of the United States, the Defenders of Wildlife, the American Veterinary Medical Association, the Council of State and Territorial Epidemiologists, the US Animal Health Association, the California Department of Health Services, and the federal Centers for Disease Control. Despite the problems attendant to keeping these animals as pets, ferret proponents have been conducting a national campaign in the past two years to popularize these animals and to repeal laws banning the keeping of pet ferrets.

Ferret play frequently assumes the form of mock attacks, which may result in bites to humans. Serious bites may occur, especially if the animal is surprised or angered. Adults are usually able to quickly terminate such encounters and thereby limit injury. Infants, however, who often seem to be perceived by ferrets as prey, may suffer severe injury as a result of such attacks.^{1,2} Ferrets sometimes unleash frenzied, rapid-fire bite and slash attacks on infants, usually on their heads and throats, and sometimes inflict hundreds of bites. The animals have been reported to then drink the victim's blood and eat the shredded tissues.¹⁻⁴

In order to better define the nature and extent of ferret attacks and in response to requests for information from the Department of Fish and Game and the Department of Food

and Agriculture, the California Department of Health Services in early 1986 solicited reports about ferret attacks from neighboring states, federal and local government agencies, and professional organizations. During the subsequent two years, information was obtained on 452 ferret attacks spanning the ten-year period 1978 through 1987.¹ A total of 425 attacks on people were reported from California, Oregon, and Arizona. Of these attacks, 100 were in California, where it has been illegal to keep ferrets as pets since 1935. Also reported from a total of 18 states were 63 unprovoked attacks on infants and small children. Several of these were near-fatal attacks. One additional case, a fatal attack, was reported from London.

Data from California indicate that the majority of attacks were inflicted by pet ferrets belonging to households other than the victim's.

In all, 28% of infants required plastic and reconstructive surgery, 22% of victims required rabies prophylaxis, and 4% were known to have been exposed to rabid ferrets.

Ferrets have a great propensity for escaping from their principal residences, and escaped ferrets are known to boldly approach wildlife. These ferrets may develop rabies after returning home; 12 such cases have been reported in the United States. There is no approved rabies vaccine for ferrets.

Ferrets also develop feral populations and are especially destructive of poultry and small wild animals such as rabbits, which was the reason why the keeping of ferrets as pets was outlawed in California. Data gathered from our survey, however, suggest greater surveillance and enforcement efforts in this regard may be needed.

Physicians should be aware of the problems associated with the keeping of pet ferrets—especially their hazard to infants—and the keeping of these animals as pets should be strongly opposed by medical and public health organizations.

KENNETH W. KIZER, MD, MPH
Director
DENNY G. CONSTANTINE, DVM, MPH
Public Health Veterinarian
Veterinary Public Health Unit
California Department of Health Services
714 P St
Sacramento, CA 95814

REFERENCES

1. Constantine DG, Kizer KW: Pet European Ferrets: A Hazard to Public Health, Small Livestock and Wildlife. Sacramento, Calif, Dept of Health Services, 1988
2. Paisley JW, Lauer BA: Severe facial injuries to infants due to unprovoked attacks by pet ferrets. *JAMA* 1988; 259:2005-2006
3. Fennell JH: A Natural History of British and Foreign Quadrupeds; Containing Many Modern Discoveries, Original Observations, and Numerous Anecdotes. London, Thomas Publishers, 1841
4. Jesse E: Gleanings in Natural History, Second Series. London, John Murray Publishers, 1834

Corrections

TO THE EDITOR: I have an attribution problem in the article, "Chemical Dependency in Women," by Kathleen Bell Unger, MD, in the December 1988 issue.¹ It occurs on page 749 in Figure 3, which she attributes to Talbott, her reference 14.

The proper attribution is to the article by Melvin L. Selzer: Selzer, ML: The Michigan alcoholism screening test: The quest for a new diagnostic instrument. *Am J Psychi-*

atry 1971; 127:89-94. Talbott's article simply is a review of this original article. The reason I am being picky is that this reference of Dr Selzer's is one of the most widely quoted in the professional literature, especially the literature about alcoholism.

ROBERT A. MOORE, MD
Senior Vice President
Clinical Affairs
Vista Hill Foundation
3420 Camino del Rio N
San Diego, CA 92108

REFERENCE

1. Unger KB: Chemical dependency in women—Meeting the challenges of accurate diagnosis and effective treatment, *In Women and Medicine* (Special Issue). *West J Med* 1988; 149:746-750

* * *

TO THE EDITOR: In my article, "Laboratory Evaluation of a Bleeding Patient,"¹ there is an error on page 51, right-hand column, third line from the bottom. It should read, "The thrombin time may be prolonged by a decreased amount of or dysfunctional fibrinogen or by substances that interfere with fibrin polymerization (Table 1)." It probably would have been clearer to have said "may be prolonged by reduced or dysfunctional."

RALPH O. WALLERSTEIN, Jr, MD
MD Anderson Hospital and Tumor Institute
1515 Holcombe Blvd
Houston, TX 77030

REFERENCE

1. Wallerstein RO Jr: Laboratory evaluation of a bleeding patient. *West J Med* 1989 Jan; 150:51-58

Cigarette Taxes—Regressive or Progressive?

TO THE EDITOR: California voters recently passed Proposition 99, which imposed a new 25 cents per pack state tax on cigarettes. During the months before the vote, the tobacco companies launched an advertising campaign designed to convince voters to defeat the proposition. One argument raised by the tobacco companies concerned the regressivity of the tax. Two points were made. First, the percentage of a typical poor person's income spent on cigarettes is likely to be higher because all smokers' expenditures on cigarettes do not vary greatly but their incomes do. Most smokers smoke from 10 to 50 cigarettes a day, but the incomes of all American smokers display much more than a five-fold difference.

Second, and more important, a much greater proportion of the poor than the rich smoke. Education is known to be strongly correlated with income and with cigarette consumption.¹ About 35% of high school dropouts—as opposed to 23% of people with college degrees—were smokers in 1985.² These two points can be summarized by aggregate statistics on the percentage of income all smokers and non-smokers who are poor spent on tobacco products versus that spent by all smokers and non-smokers who are rich. The percentage of income devoted to tobacco products among persons in the lowest quintile (fifth) of the income distribution in 1984 was 4.56%. The percent in the highest quintile was 0.45%.³ Smokers and non-smokers who are poor spent approximately ten times more of their incomes on tobacco than did smokers and non-smokers who are rich. It is appropriate to include nonsmokers in the rich and poor categories because regressivity or progressivity is calculated on the basis of taxes paid by groups with varying income—not varying consumption.⁴

The tobacco company advertisements carefully ignored a closely related argument, however. The poor are more sensitive to increases in cigarette prices.⁵ Teenagers, for example, earn far less than any other age group but are especially sensitive to increases in prices. Moreover, as prices increase, fewer teenagers are likely to ever begin smoking than persons in other age brackets.⁶ The benefits of the tax in terms of discouraging smoking are likely, therefore, to be progressive. A disproportionate number of lives of the poor are likely to be saved by a cigarette tax.

J. PAUL LEIGH
San Jose State University
School of Social Sciences
Dept of Economics
San Jose, CA 95192-0114

REFERENCES

1. Farrell P, Fuchs VR: Schooling and health: The cigarette connection. *J Health Economics* 1982; 1:217-230
2. Public Health Service: Adult Health Practices in the U.S. and Canada, Series 5, No. 3, National Center for Health Statistics, US Dept of Health and Human Services, Government Printing Office, 1988
3. US Department of Labor, Bureau of Labor Statistics: Consumer Expenditure Survey: Interview Survey for 1984, bulletin 2267, Government Printing Office, Aug 1986
4. Froyen RT, Greer DF: Principles of Microeconomics. New York, Macmillan, 1989, p 452
5. Hamilton JL: The demand for cigarettes: Advertising, the health scare, and the cigarette advertising ban. *Rev Economics Statistics* 1972 Nov; 54:401-410
6. Lewit EM, Coate D, Grossman M: The effects of government regulation on teenage smoking. *J Law Economics* 1981 Dec; 24:545-569